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|  | OFR 009(02) |

**ETHICAL CLEARANCE APPLICATION FORM**

*Please complete all the sections of this form. An incomplete application may delay the approval process. Completed forms must be submitted to the OFR for review.*

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| SECTION A: Title of the Project & Investigator(s) |
| **Title of the Study:** |
|  |
| **Research Area(s)/ Keywords***Please mention the discipline(s)/ keywords your research can be categorized best. (i.e. Machine Learning; Cultural Studies; Business Ethics; Comparative Historiography)*  |
|  |
| **Primary Investigator's Details** |
| **Title** |  Prof. Dr. Mr. Ms. | **First Name** |  | **Last Name** |  |
| **Department** |  | **Designation**  |  |
| **Email** |  | **Contact No.**  |  |
| Research Location and Duration |
| Research location/population(s) |  |
| Research start date |  |
| Research end date |  |
| Approximate duration |  |
| SECTION B - Research details |
| **Introduction & Research Background***Please briefly introduce your topic in layman's term along with its academic significance and practical implications (if any) (300 Words)* |
|  |
| **Research Design & Quantification**  |
| **Research Design**  | * Qualitative
* Quantitative
* Mixed methods
 | * Others. (Please Specify) …
 |
| **Data collection procedure (please pick all that apply)**  | * Questionnaires/ Survey
* Document analysis
* Archival research
* Semi-structured interviews
* Open-ended interviews
 | * Non-participatory observation/ Notes
* Participatory observation/ Notes
* Experimental
* FGDs and PRAs
* Others. *(Please Specify)*
 |
| **Sample details** | Approximate number |  |
| Where will participants be recruited from? |  |
| Inclusion criteria |  |
| Exclusion criteria |  |
| Will participants be remunerated, and if so in what form? |  |
| **Research Funding Source(s)** | * Internal
* External
* Both *(Please Specify)*
 |
| **Collaboration** |
| **Is the co-investigator(s) of the proposed research affiliated with a different institution?** | * No
* Yes (*Please Specify*)
 |
| **Does this research project have any prospect to get additional support from sources other than ULAB Research Grant?** | * No
* Yes (*Please Specify*)
 |
| **Conflict of Interest** | * No
* Yes (Please Specify)
 |
| **Are there any anticipated inducements for participation (e.g. monetary payment), or costs to be borne by subjects (e.g. travel costs)?** | * No
* Yes (Please Specify)
 |
| SECTION C - Obtaining free and informed consent |
| **Informed Consent**  | * Informed consent will be obtained and documented
* Informed consent will be obtained, however requested for documentation waiver. *Please provide details as attachment.*
 |
| **Do participants fall into one of the following special groups? [If YES, please provide details on how would you proceed]** | * Children/ Legal Minors (under 18 years)
* People with learning and communication difficulties
* Patients
* People in custody
* Indigenous community/ minority ethnic/religious groups
* People engaged in illegal activities (e.g. drug takers)
* People otherwise incapable of giving informed consent
 |
| **Participant’s general Information** | YES | NO |
| * Will you inform participants that their participation is voluntary?
 |  |  |
| * Will you inform participants that they may withdraw from the research at any time and for any reason?
 |  |  |
| * Will you inform participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?
 |  |  |
| * Will you provide an information sheet that will include the contact details of the researcher/team?
 |  |  |
| * Will you debrief participants at the end of their participation (i.e., give them an explanation of the study and its aims and hypotheses)?
 |  |  |
| * If using a questionnaire, will you give participants the option of omitting questions that they do not want to answer?
 |  |  |
| * If an experiment, will you describe the main experimental procedures to participants in advance, so that they are informed about what to expect?
 |  |  |
| * If the research is observational, will you ask participants for their consent to being observed?
 |  |  |
| SECTION D - Confidentiality and Data storage |
| **Specify your plans on how you will protect the confidentiality of the data collected, and protect against risks of breach of confidentiality or invasion of privacy.** *(For example, where will paper files and/or electronic data be stored? What security measures will be applied in each situation? Specify your plans for de-identifying or maintaining anonymity of the data, especially if audio/video recordings or images will be collected; Specify procedures for data sharing with entities external to ULAB; Provide a timetable and methods for destroying the data) (300 Words)* |
|  |
| **Data security for storage and transmission.**  *Select all that apply*: |

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| For electronic data: | For hardcopy data (including specimens, tapes etc.) |
| Secure network: |  YES NO | Data de-identified by research team: |  YES NO |
| Password access: |  YES NO | Locked office: |  YES NO |
| Encryption: |  YES NO | Locked cabinet: |  YES NO |
| Portable storage: (e.g. laptop, flash drive) |  YES NO | Data coded by research team with master list secured and kept separately: |  YES NO |
| Other: (provide detail below) |  YES NO | Other: (provide detail below) |  YES NO |
| Please provide details:  |

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| SECTION E - Data analysis and outcomes |
| **Data Analysis in the Study** *How will the data be evaluated? Where and by whom will data analysis be performed? Are research assistants adequately trained and experienced to manage the type of data being collected? Please provide details* |
|  |
| **Potential Risks of the Study** *Describe all relevant risks (e.g., psychological, cultural, privacy, confidentiality), and a description of the procedures in place to minimize risks or to provide counselling or referral for those in distress. Describe any risks to communities (e.g. stigmatization, discrimination etc.) Consider consulting any groups that may be affected by the research to assess the risk of negative impacts such as stigmatization and discrimination.* |
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| **Intellectual / cultural property rights** | YES | NO |
| * Would the outcome of the study be violating the rights of certain cultural groups?
 |  |  |
| * Would the intervention procedure and research dissemination be harmful and damaging to the heritage and customs of the research population, or the overall community in general?
 |  |  |
| * Would the research be using any legally protected objects/documents?
 |  |  |
| * Does the research procedure involve any other legal liabilities?
 |  |  |

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| SECTION F - List of attached documents |
| **Research proposal** | * 🗸 Yes
* No
 |
| **Copy of all data collection instruments, including survey questionnaire, interview questions, etc.** | * 🗸 Yes
* No
 |
| **Copy of all consent and information forms, including translated forms, as appropriate** | * Yes
* No
 |
| **Copy of any ethical approval for co-investigators external to ULAB, or collaborative institutions** | * Yes
* No
 |
| **Copy of human subjects’ research completion reports** | * Yes
* No
 |
| **Any other relevant documentation** | * Yes
* No
 |
| SECTION G - Declaration |
| ***I certify that each of the co-investigators has accepted their role in this project.******I agree to a continuing exchange of information with the OFR and to obtain approval before making any changes or additions to the project.*** ***I agree to report promptly to the OFR all unanticipated problems or serious adverse events involving risk to human subjects.******Signature of PI:*** ***Date:***  |

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| *OFFICE USE ONLY* |

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| Date received |       | Date PI notified |       |
| Date checked and accepted |       | Date of change notification |       |
| Date(s) of committee review |       | Date committee approved |       |

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| Is demographic information collected with cultural sensitivity? |  Yes No N/A |
| Is the consent requirement waived? |  Yes No N/A |
| Is documentation of the consent process waived? |  Yes No N/A |
| Does the application meet ethical clearance requirements? |  Yes No  |
| Detail of any additional information required? |  Yes No  |
| Revisions required? |  Yes No  |

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| *Type of Approval:* |
| * **Approved**
* **Approved with modification**
* **Denied**
* **Deferred**
 |

(signed and dated)

**Chair, Ethical Review Committee**

**University of Liberal Arts Bangladesh (ULAB)**